



Santa Cruz County Child Welfare Services *System Improvement Plan*

2004

Human Resources Agency
Family and Children's Services Division
October 2004



I. System Improvement Plan Narrative

The System Improvement Plan (SIP) for Santa Cruz County's Family and Children's Services (FCS) Division is the second phase of efforts by our agency to evaluate our performance and implement improvements related to State and Federal outcome measures. As required under AB 636, we conducted a comprehensive review of program services related to outcomes in the areas of safety, permanency and stability, family relationships and community connections, and child well-being. In this SIP, we propose system improvement strategies for four safety outcomes that we have identified as areas for improvement.

The county Self-Assessment, submitted to the California State Department of Social Services on June 30, 2004, represented a comprehensive effort to critically review all aspects of Santa Cruz County's child welfare service delivery system. As noted in the Self Assessment county profile section, some significant socioeconomic trends have emerged in our county, such as the increase in the poverty level (based on the 2000 Census) and the limited availability of health care and affordable housing. Yet, even with these challenges, the size of the county is conducive to close community collaboration, which greatly enhanced the process of developing the Self Assessment report. This same process of community partnership was pursued to formulate the SIP components, including the strategies and timelines over the next year.

The Self Assessment document identified a number of different areas for inclusion in the SIP. However, the State has directed that, in this first-year SIP, counties should focus specifically on *safety* outcomes that were identified in the Self-Assessment as areas for improvement. Santa Cruz County has followed the State's direction and focused on four safety outcomes in this initial SIP. This does not diminish the significance of other areas for improvement that were identified in the Self-Assessment—for example, the disproportionate number of referrals and substantiations for Latino and African American children, the higher placement rate of African Americans, the number of foster placements for children entering foster care for the first time, and the difficulty of placing siblings together.

The initial SIP focuses on four safety outcomes identified as areas for improvement. Clearly, ensuring the safety of children is the most basic and critical aspect of our mission in child welfare services.

The specific safety outcomes addressed in the SIP are as follows:

- **Measure 1B: Recurrence of maltreatment within 12 months.** This outcome refers to the percentage of children who had a second substantiated referral within 12 months. Santa Cruz County generally performs better than the statewide rate on this measure. However, it is

always a major concern to the Division and HRA when a child who has been referred to Family and Children's Services is later referred again due to repeated abuse or neglect. Substance abuse often plays a role in families where abuse recurs over time in spite of agency interventions. In the SIP, we propose several strategies designed to reduce the recurrence of maltreatment.

- **Measure 2A: Recurrence of abuse and/or neglect in homes where children were not removed.** Santa Cruz County experienced a slightly higher rate for this measure than the statewide average. A contributing factor may be Santa Cruz County's emphasis on intervening in domestic violence situations. Santa Cruz County law enforcement agencies routinely report domestic violence incidents to Family and Children's Services so these incidents count as child abuse referrals; the same is not true in many other counties. In the SIP, we propose to conduct further data analysis to examine the impact of domestic violence referrals on this outcome measure, as well as implementing strategies to reduce the recurrence of abuse and neglect in homes where children were not removed.
- **Measure 1C: Rate of abuse and/or neglect in foster care.** Currently, investigations of abuse/neglect in foster care are conducted by the Family and Children's Services Division's Licensing Unit, a program component not currently linked to the statewide data base tracking system, the Child Welfare System/Case Management System (CWS/CMS). As a result, information about the local rate of abuse/neglect in foster care is not readily available. Family and Children's Services will implement a system to gather and track these data as a part of the SIP. Systematic tracking of this information will enable the Agency to identify and make practice improvements if needed.
- **Measure 2C: Timely social worker visits with child.** The first two quarters of outcome data compiled by the state suggested that Santa Cruz County's compliance with the requirement for monthly social worker visits with a child was below the state range. However, this was primarily due to CWS/CMS data entry problems that have been corrected since the initial data reports were received from the state. Staff have received data entry training since November 2003, and in the most recent data reports, Santa Cruz County's performance has dramatically improved; compliance is now over 90%. However, some data entry issues remain to be addressed, and Family and Children's Services plans continued focus on this area in the SIP to ensure accurate tracking of monthly social worker contacts with children under their supervision.

The agency will do intensive work in each of these areas over the next year, including further analysis of data trends and implementation of improvement

strategies. The details of the SIP strategies and milestones are presented in the SIP templates following this narrative.

It is important to note that the proposed SIP contains only those goals and strategies that the agency is able to pursue given its current funding and resource levels. In developing the SIP, our planning team considered a number of other strategies that would be as valuable and effective, or even more so, than those that were ultimately included in the plan. However, the team concluded that these strategies could not be included in the SIP because the agency currently does not have sufficient resources to implement them. This was particularly true in relation to the two outcome measures concerning the recurrence of maltreatment. For example, the planning team agreed that an effective strategy to reduce the recurrence of maltreatment would be to organize special family conferences or “launch meetings” prior to closing a case, in order to assist families in mobilizing a support network, connecting to community resources, and developing detailed plans for family problem solving after their FCS case is closed. However, since FCS lost its dedicated family conferencing social worker in fiscal year 2001/2002 due to budget reductions, the agency is only able to offer family conferencing on a very limited basis. Additional resources would be needed to provide a level of service capable of truly impacting the recurrence of maltreatment. Other strategies were also considered but not included in the plan for similar reasons. It is our hope that the state and federal governments will increase funding for child welfare services in the near future, in order to enable counties to implement service strategies that are truly effective in meeting the state and federal performance standards.

One strategy that the County is pursuing in order to increase available resources is the submission of an application for funds to develop a Dependency Drug Court to address parental substance abuse, a factor that often contributes to the recurrence of maltreatment. The State Department of Alcohol and Drug Programs has issued a request for proposals for Dependency Drug Court funding, with an application deadline of November 1, 2004. Dependency Drug Courts are drug court programs for parents whose alcohol and drug abuse has resulted in their children becoming involved in the child welfare system. Dependency Drug Courts provide intensive alcohol and drug treatment services and case management coupled with frequent court appearances and drug testing to promote substance abuse recovery and family reunification, and to protect the child’s safety and provide accountability for the parents.

If Santa Cruz County receives Dependency Drug Court funding, the County hopes to expand existing alcohol and drug assessment, case management and treatment services for parents into a fully-developed Dependency Drug Court. Services will focus on children age 0 to 3 who are in out-of-home placement. Initial planning for the proposal includes a request for approximately \$100,000 per year to support Health Services Agency case management services and contracted alcohol and drug treatment services.

A. Local Planning Bodies

Collaboration with community partners has been critical to the FCS Division's development of both the Self-Assessment and the SIP. After completing the Self-Assessment, a core team of FCS staff initially identified outcomes to prioritize for the SIP. These outcomes were selected based on the State's direction to prioritize safety outcomes; all safety outcomes identified as areas for improvement in the Self-Assessment were included in the SIP.

In the next phase, three committees, consisting of agency staff and key community partners, were established. Through a series of meetings and other information exchange strategies (email, distribution of material, etc.), these committees identified the major elements needing attention for each safety outcome, and completed the SIP templates outlining the strategies and milestones for each outcome.

The participants in the three SIP committees included the following:

1. Recurrence of maltreatment (both outcomes 1B and 2A)
 - FCS staff consisting of supervisors (Abby Nelson, Stephanie Coleman, Melissa Delgadillo) and managers (Mark Holguin, Nancy Virostko, Jodie Harris, Judy Yokel)
 - Sharon Carey-Stronck and Shannon Sullivan, Assistant County Counsel
 - Susan True, Director, First 5 Commission
 - Judge Kathleen Akao, Superior Court
 - Judge Robert Yonts, Superior Court
 - John Nieman, Brian Manion, Attorneys for parents
 - Nancy Sherrod, Director, CASA
 - Lori Falk, CASA Supervisor
 - Georgina Dews, Attorney for Minors
 - Celia Goeckerman, Director, Parents Center
 - Briana Kahoano, Specialist with Alcohol/Drug Services, County Health Services Agency
2. Rate of abuse/neglect in foster care
 - FCS staff consisting of supervisors (Cathy Groh, Angelica Glass), social Workers (Nora Mendoza), and managers (Nancy Virostko, Lacie Gray)
 - Terry Beck, foster parent
3. Timely social worker visits with child
 - FCS staff consisting of supervisors (Trevor Davis), social workers (Sybil Anderson-Adams), and managers (Mark Holguin, Lacie Gray)
 - Julia Sheehan, Information services
 - Mindy Sutter, Probation Supervisor

Additionally, input was sought from other community stakeholders, including law enforcement jurisdictions, the County Office of Education, Mental Health, the local labor union, representatives of parents and children, and the Bay Area Academy, through a combination of mailings and internet postings.

The involvement of community representatives contributed greatly to both the Self-Assessment and the development of the SIP. Our intent is to continue to include community participants as the different strategies for each safety outcome are pursued during the next 12 months, and as we develop SIP updates in subsequent years.

Key community entities that have participated and will continue to participate in our assessment and improvement efforts include the following:

- **Children's Mental Health (CMH)**

CMH provides mental health services to children placed in foster care to promote reunification with their families. There is a range of service components to support the efforts of FCS. The Supportive Intervention Services (SIS) and Supportive Adolescent Services (SAS) programs link social workers and Children's Mental Health clinicians who work together to ensure placement stability and to promote reunification and permanency for children in foster care. The SAS program includes Independent Living Skills Program Coordinators (along with social work and Mental Health staff) in a multi-disciplinary team dedicated to addressing the special permanency and emancipation needs of youth in foster care.

- **Santa Cruz County Health Service Agency's Alcohol and other Drug Program (AOD)**

This program supports an AOD Specialist position to provide assessment and referral services for FCS clients with substance abuse problems. This is a critical support service, given the high percentage of substance abuse problems in the FCS caseloads.

- **Children's Network**

The Children's Network consists of an array of community partners, including representatives from child welfare, health services, juvenile probation, courts, schools, service providers, law enforcement, parents and youth. Through regular meetings, this group addresses issues pertaining to coordination of services, development of new initiatives and awarding/disbursement of funds for services to children. Since the Children's Network encompasses such a broad spectrum of child-serving agencies, their input is invaluable to FCS's improvement efforts.

- **Children’s System of Care (CSOC)**
 Since 1989 this group has endeavored to develop better coordination to address the needs of children and youth with serious emotional disturbances. Consisting of representatives from child welfare, health, juvenile probation, schools, and service providers in the county, the group focuses on strategies to safely provide support services in the home or community.
- **CalWORKS and Child Welfare Crossover Team**
 This team focuses on integrated service delivery to families involved in both the child welfare system and the benefits and employment services divisions of the agency. This group provides FCS with an important perspective on the issues faced by families who are involved in multiple service systems.
- **Dependency Court System Coordination Group**
 Since the legal system is often a critical component in FCS cases, collaboration with court partners is essential. This group includes the Juvenile Court Judge, attorneys, County Counsel, CASA, Court Clerks, and FCS staff. The group’s purpose is to improve court functioning in order to achieve better outcomes for children and families.
- **Family Resource Network Service Integration Project**
 This group is a collaborative of the Human Resources Agency, the Health Services Agency, and the five local family resource centers. The group’s focus is to improve the integration of services to mutual clients, particularly those that may not require intervention by FCS, but still need assistance to prevent future referrals for abuse or neglect concerns. It is our hope to work with the family resource centers to develop specialized services for families either to prevent entry into the FCS system, or after finishing a case plan.
- **First Five Commission**
 The First Five Commission, funded by Proposition 10, provides funding to a variety of child and family-serving programs in the community, including family resource centers, health services and school readiness services. Given its leadership role in the planning, evaluation, and support of community services for children and families, the First Five Commission’s role in our agency improvement efforts has been and will continue to be central.
- **CASA and Parents Center**
 Although these two agencies are participants in several of the planning bodies already listed, they deserve special mention because of their close involvement with many FCS clients. CASA provides advocacy and support services to children who are court dependents, and Parents

Center is the primary provider of counseling services and parenting education to FCS clients. These two service providers have participated very actively in our self-assessment and SIP efforts to date, and will continue to do so.

B. Findings that Support Qualitative Change

Data collection methods utilized in Santa Cruz County's Self-Assessment process to analyze qualitative practices included surveys and focus groups conducted with social work staff, birth parents, foster parents, and foster youth. The data gathered from these efforts were very helpful in assessing systemic factors such as the case review system, management information systems, foster parent licensing, service array, and staff/provider training. These findings also informed our development of the SIP, particularly the sections on the recurrence of maltreatment and monthly social worker visits. A description of these data collection methods and key findings follows.

Survey of FCS social work staff. A 10-question survey was distributed to all FCS social work staff. Questions included what types of services are most effective in preventing the removal of children and helping families to reunify, how permanent plans are developed, what types of staff training are needed, what types of quality assurance activities are carried out by the state and county and how effective these activities are, whether social workers feel that their input is solicited and/or heard by the county and state, how effective various community services are, and what changes would be most helpful to social workers in getting their jobs done.

Twenty-seven social workers (54% of the staff who received the survey) responded. Key findings include the following:

- Social workers felt that family maintenance and substance abuse services were two services that were most effective in preventing children from being removed from their homes.
- For reunification, social workers felt the two most important services were parent-child visitation and substance abuse programs.
- When family reunification was not successful, social workers felt the services that most would have helped if they were not already provided were assistance for stable housing, comprehensive "wraparound" treatment and support services, and family conferencing.
- Social workers felt that the most effective quality assurance activity was case consultation with social work supervisors.
- 89% of respondents felt that their input was solicited and heard by the county or the state either "sometimes" or "most of the time."

- When asked what changes would be most helpful to social workers in getting their job done, the most frequent response was “lower caseloads” (listed by 37% of respondents).

Survey and focus groups with birth parents. Surveys were administered and focus groups conducted with three groups of birth parents who were attending parenting classes at the Parents Center. A total of 20 parents participated in three groups, two groups in Santa Cruz and one in Watsonville. Half of the participating parents were Latino. The birth parent survey included 16 questions regarding the types of services received by the family, the helpfulness of these services, various opinions that parents hold about agency services, barriers that parents encounter in accessing services, the degree to which social workers involved parents in case planning, and decisions about the care of their children, the helpfulness of various services available in the community, and services that parents feel they need but are currently unavailable in the community.

Group leaders administered the survey and then discussed parents’ answers with them in a focus group format. Key findings include the following:

- Parents felt that the most helpful services were parenting classes/ support groups and individual counseling, followed by substance abuse treatment and anger management classes.
- Most parents felt that their social worker rarely asked their opinions about what kinds of services were right for them, and rarely involved them in decisions about the care of their children.
- 70% of respondents felt that services were provided in a way that respected their culture and background most or all of the time, and 85% said that language and cultural differences were not a barrier to them in accessing services.
- 85% of respondents felt that services were helping them to be better parents.

Focus groups with foster parents. As part of an all-day foster parent appreciation event, focus groups were conducted separately with regular foster parents (20 participants) and foster/adopt parents (six participants). Open-ended discussion questions included how foster parents and the agency can work together to reunify children more quickly, how foster parents can support birth parents more directly in their reunification efforts, how to reduce changes of placement, how to create more opportunities to place siblings together, and how the agency can better support foster/adopt parents in the foster/adopt process.

Key findings include the following:

- Foster parents expressed a desire for more visitation support, including transportation, increased training for visit supervisors, and assistance in communicating with children about the visitation process. Foster parents would like visit supervisors to do more active coaching of birth parents regarding appropriate parenting practices.
- Foster parents want to be respected as an integral member of the treatment team including social workers, therapists, and CASAs.
- Foster parents felt that quicker reunification should not necessarily be a goal, as many families might need more time to reunify successfully.
- Foster parents were generally resistant to the idea of working more closely with birth parents (e.g., they were not receptive to the idea of supervising visits between children and birth parents).
- Foster parents would like more respite care to enable them to devote more time to self care and thus improve their ability to care for children.
- Foster parents would take more sibling groups if the state relaxed the restrictions on the number of children who can share a room.

Survey and focus group with foster youth. Eighteen foster youth (participants in the Independent Living Skills Program) participated in a survey and focus group discussion regarding their experiences with child welfare services. Half of the participating youth were Latino. The eight-question survey included questions about the types of services youth had participated in and the helpfulness of these services, the extent to which youth felt they had a say in decisions about their case, and the extent to which working with a social worker was making a difference in the youth's life. Key findings include the following:

- Youth identified Independent Living Skills Services as especially helpful to them (e.g., money management; finding housing; shopping, cooking and other skills; help with resume writing and job search; and help in getting financial aid for college).
- In general, youth rated the services they used as quite helpful (e.g., "working with my biological family to help me stay or return home," "helping me find foster parents or relatives where I can live over the long term," and "bringing together my family and me to make decisions or solve problems.")
- 88% of respondents felt they had a say with their social worker at least some of the time about their placement, health and education needs, or about what happens in their future.
- 72% of respondents felt that working with their current social worker was making a definite difference in their life; the remaining 28% felt

that working with the social worker was making “maybe a little difference.”

II. System Improvement Plan Components

Santa Cruz County’s improvement goals, strategies, and milestones for the first-year SIP are described in the following pages, using the state’s SIP Component Template format.

Outcome/Systemic Factor: 1B: Recurrence of maltreatment, and 2A: Recurrence of abuse and/or neglect in homes where children were not removed					
County's Current Performance: 1B: For the most recent 12-month period available (4/2002 through 3/2003), our data show a recurrence of maltreatment (second substantiated referral) following 12.9% of substantiated referrals. 2A: For the most recent 12-month period available (1/1/02 through 12/31/02), our data show a recurrence of abuse/neglect (second substantiated referral) following 11.6% of inconclusive or substantiated referrals where children were not removed.					
Improvement Goal 1.0 Division management and staff will gain increased understanding of the impact of the following factors on our recurrence of maltreatment data: (a) Domestic violence referrals substantiated as emotional abuse, and (b) Inconclusive and substantiated referrals classified by Structured Decision Making (SDM) as high or very high risk that are not opened to services.					
Strategy 1. 1 Conduct a one-time review of 12 months worth of substantiated and inconclusive referrals that were followed by a second substantiated referral within 12 months.			Strategy Rationale¹ Our county's domestic violence cross-reporting arrangement with law enforcement may be inflating our recurrence of maltreatment figures. Data reported by Children's Research Center indicate that our county opens somewhat fewer cases from high and very high risk referrals than other SDM counties do. Gaining a better understanding of the impact of these factors will enable us to make more informed decisions regarding policy and casework practice.		
Milestone	1.1.1 Determine the percentage of maltreatment recurrences in which one or both referrals are for domestic violence where emotional abuse is the only allegation.	Timeframe	3 months (12/31/04)	Assigned to	Systems analyst, program analyst and clerical staff
	1.1.2 Determine the percentage of maltreatment recurrences in which the first referral was not opened to services after a high or very high risk SDM risk assessment.		3 months (12/31/04)		Systems analyst, program analyst and clerical staff
	1.1.3 Review findings, including a detailed review of a sample of the investigation files, and determine whether adjustments should be made to policies and procedures.		6 months (2/28/05)		Management team and unit supervisors

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 2.0 Over the next 24 months, decrease the County’s rate of recurrence of maltreatment on outcome measure 1B from 12.9% to 10%, and on outcome measure 2A from 11.6% to 9.5%.					
Strategy 2.1 Revise case planning for FM and FR cases so that case plans consistently focus on measurable behavior changes that are required for parents to demonstrate that they can care for their children safely, and not simply the activities that parents must complete in an effort to accomplish the outcomes.			Strategy Rationale Currently, case plans tend to focus on activities and, although they contain some behavioral objectives, could be stronger in this area. It is often difficult to assess whether parents have actually developed the skills to parent their children safely. The agency and the court need more information about actual behavior changes in order to make informed decisions about reunification.		
Milestone	2.1.1 Work group of FCS staff and community partners will review best practice information and case planning policies & procedures from other counties and states, and develop guidelines for case planning based on measurable behavior changes. Guidelines will also include how to assess and report on parents’ behavior change.	Timeframe	6 months (3/31/05)	Assigned to	Work group including FCS program managers, analyst, supervisors, and social workers as well as community partners (Parents Center, Mental Health, Substance Abuse and other community stakeholders)
	2.1.2 Draft, review, revise and publish policy & procedure on initial case plans; revise current policy & procedure on case plan updates.		9 months (6/30/05)		Analyst, program managers, assistant division director, division director (and unit supervisors to review policies and provide input)
	2.1.3 Train social work staff and key community partners to new case plan policies and procedures, including how to assess behavior change and report on continued risk to children.		12 months (9/30/05)		Staff development trainer, program managers, unit supervisors
Strategy 2.2 Improve social worker skills in writing court reports and testifying in court.			Strategy Rationale Social workers have varying levels of skill in writing court reports that clearly and accurately communicate to the court all of the factors that place children at risk. In addition, social workers have varying levels of skill in providing court testimony. Improving these skills will enhance the Agency’s ability to present its recommendations effectively to the court.		

System Improvement Plan Template

version 1.0

Milestone	2.2.1 In individual supervision and unit meetings, provide training to social workers in writing court reports and testifying in court.	Timeframe	6 months (3/31/05)	Assigned to	Unit supervisors, with assistance from program managers, county counsel, and staff development
	2.2.2 Develop a training curriculum on court report writing and testifying, partially based on the new case plan policies and procedures to be developed under Stratetegy 2.1.		12 months (9/30/05)		Staff development, with assistance from Bay Area Academy, program managers, county counsel, and unit supervisors
	2.2.3 Provide training to all social workers based on new curriculum.		15 months (12/31/05)		Staff development, with assistance from Bay Area Academy, program managers, county counsel, and unit supervisors
Strategy 2.3 For all FM cases that continue to be high or very high risk as they approach the anticipated closing date, convene a staffing by the program manager, supervisor, social worker, and other service providers as appropriate, to consider recommending that the court order an extension of FM services.			Strategy Rationale Some parents, particularly those with substance abuse problems and/or mental illness, may need more than 12 months of FM services to stabilize and consolidate the skills and support systems needed to avoid a recurrence of abuse or neglect.		
Milestone	2.3.1 Draft a policy and procedure to ensure that a staffing will be held (including the program manager, supervisor, social worker, and other service providers as appropriate) for all cases that continue to be high or very high risk (according to the SDM Family Risk Reassessment) as they approach the anticipated closing date. The purpose of this staffing is to consider recommending that the court order an extension of FM services, and to consider what outcomes and activities should be proposed in the case plan update in an effort to stabilize the family and prevent a recurrence of maltreatment.	Timeframe	2 months (11/30/04)	Assigned to	Analyst and Ongoing Services program manager, with assistance from ongoing unit supervisors.
	2.3.2 Review, revise, and publish policy and procedure.		4 months (1/31/05)		Analyst, division director, program managers, ongoing unit supervisors

	2.3.3 Train social work staff to the new policy and procedure in unit meetings.		6 months (3/31/05)		Unit supervisors
Strategy 2.4 Work with County Counsel and the Superior Court to reduce the lag time between the Agency's filing a petition for FM services and the scheduling of an arraignment hearing.			Strategy Rationale In the past, the court scheduled arraignment hearings within 2-3 days after the Agency filed an FM petition. However, a few years ago (when the court changed locations) the procedure changed, and now arraignment hearings are scheduled up to 3 weeks after the petition is filed. During this time, the family is not engaged in services and it is not unusual for a recurrence of maltreatment (second substantiated referral) to occur during this interval.		
Milestone	2.4.1 Develop system to shorten timeframe for setting arraignment hearings.	Timeframe	3 months (12/31/04)	Assigned to	ER Program Manager, Dependency Investigations unit supervisor, County Counsel, Judge, Superior Court Clerk's Office
<p>Discuss changes in identified systemic factors needed to further support the improvement goals.</p> <p>Case review system: As described in Strategy 2.1, changes are needed to our case planning policies and procedures.</p> <p>Court structure/relationship: As described in Strategy 2.4, the wait for arraignment hearings needs to be reduced.</p> <p>Service array: There are a number of gaps and insufficiencies in our service array (family conferencing, substance abuse treatment, relapse prevention services, adult mental health services, dual diagnosis services, and others)—but we are unable to address these areas without an infusion of new resources, so we have not included them in the SIP at this time.</p>					
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>Implementation of strategies 2.1 and 2.2 both rely on training social work staff in new policies and procedures. To assist in our training efforts, we will be seeking best practice information on case planning and ongoing risk assessment, court report writing, and court testimony.</p>					
<p>Identify roles of the other partners in achieving the improvement goals.</p> <p>Strategy 2.1 requires the participation of partners including the Parents Center, Mental Health, and Substance Abuse services, and potentially others.</p> <p>Strategies 2.1 and 2.2 may require the assistance of Bay Area Academy and/or other training providers to assist in the development and delivery of training.</p> <p>Strategy 2.4 requires the participation of County Counsel and the Superior Court to address the problem with delayed arraignment hearings.</p>					
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>None.</p>					

Outcome/Systemic Factor: Incidence of Child Abuse/Neglect in Foster Care					
County's Current Performance: Not currently tracked.					
Improvement Goal 4.0 Establish a baseline by which to set future goals.					
Strategy 4. 1 Develop local system to track abuse/neglect in foster homes			Strategy Rationale¹ The Agency does not currently have a tracking system for allegations of abuse/neglect in foster care. It's important that we have the most information available in order to best ensure that children in placement are in the safest, healthiest environment possible. Tracking allegations of abuse/neglect in foster care will help us ensure that we are providing safe, quality care.		
Milestone	4.1.1 Determine naming conventions and begin entering referrals as noted in ACL 03-61	Timeframe	Immediate (9/30/04)	Assigned to	Emergency Response (ER) Program Manager has consulted with state program liaison. Licensing Supervisor will consult w/ local CWS/CMS coordinator.
	4.1.2 Begin implementing new system for investigating child abuse complaints in foster homes		1 month (10/31/04)		ER and Licensing Units
	4.1.3 Develop a system to obtain abuse/neglect in foster care allegation information from probation.		1 month (10/31/04)		ER Program Manager will work with probation
Strategy 4. 2 Develop local system to track abuse/neglect in group homes and (Foster Family Agencies) FFAs			Strategy Rationale Currently, we do not have statistics on allegations of abuse/neglect in group homes/FFAs. It will be important for our Agency to work closely with CCL in order to track allegations of abuse/neglect in group homes and FFAs in order to ensure our placements are safe.		

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	4.2.1. Continue to research with state how this requirement in ACL 03-61 should be met by counties	Timeframe	3 months (12/31/04)	Assigned to	ER Program Manager, analyst, Licensing and Screening Supervisors
	4.2.2 Develop system to track and/or work with CCL on tracking these allegations depending on outcomes of research with state or further clarification from the state		6 months (3/31/05)		ER Program Manager, analyst, Licensing and Screening Supervisors
Strategy 4. 3 Develop a standardized means to ensure that the Foster Child’s Rights are reviewed w/ minors at regular intervals			Strategy Rationale Sometimes children in foster care do not feel comfortable or safe to disclose abuse or neglect in their placements. We want to develop a more consistent means of empowering children in care to do so.		
Milestone	4.3.1 Develop system to ensure that social workers and foster parents are reviewing Child’s Rights with child periodically. Research models of systems in other states including how to communicate with children about their rights and empower them to disclose abuse/neglect experienced in foster care.	Timeframe	3 months (12/31/04)	Assigned to	ER Program Manager, analyst, Licensing and Screening Supervisors
	4.3.2 Work with Independent Living Skills Program (ILSP) to provide a workshop on Foster Children’s Rights and self-advocacy.		1 month (10/31/04)		ER Program Manager, teen unit, Independent Living Skills staff
	4.3.3 Develop tracking system.		6 months (3/31/05)		Licensing, teen unit and ER Unit supervisors
Discuss changes in identified systemic factors needed to further support the improvement goals. <ul style="list-style-type: none">○ Need clarification from state on how CCL and counties will work together and/or share information in regard to investigations of group homes and FFAs○ CWS/CMS may need updates to better accommodate tracking of abuse/neglect allegations in foster care.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <ul style="list-style-type: none">○ Strategy 4.3.1 requires working with social workers and foster parents ensure periodic review of Children’s Rights with children. Social workers and foster parents may need refresher training.					

Identify roles of the other partners in achieving the improvement goals.

- Strategy 4.1.3 requires working with probation.
- Strategy 4.3.2 requires working with Independent Living Skills staff.
- Strategies in 4.2 require working with CCL.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Ask state to further define county/local responsibilities for allegations of child abuse in group homes/FFAs.

Outcome/Systemic Factor:

Monthly Social Worker Visits with Child(ren)

County's Current Performance:

According to UC Berkeley data, as of December 2003: 96.4%

Improvement Goal 3.0

County will achieve a consistent level of 95% compliance for all programs within 12 months.

Strategy 3. 1

Develop Policy/Procedure on monthly social worker contacts, which addresses barriers to correct data entry as well as quality of contacts

Strategy Rationale¹

Remove barriers to making and correctly tracking contacts.

Milestone	3.1.1 Develop policy/procedure on monthly social worker contacts to enhance quality of contacts and eliminate barriers to correct data entry. Policy/procedure will include creating autotext template for contacts data entry. Convene workgroup to develop appropriate, and required, content for autotext. Requires CWS/CMS technical assistance to load autotext to individual computers. Develop monitoring system that includes use of available tools such as SafeMeasures. Implement training on the policy/procedure, including how to use autotext and generate reminders for contact entries.	Timeframe	3 months (Policy in place by 1/1/05; begin training 01/05)	Assigned to	CWS/CMS support person & team (supervisors and social workers); content policy person; supervisors; Permanency Planning workers
	3.1.2 Develop a system and begin obtaining monthly data from probation on monthly probation officer visits		Immediately (By Sept 30, 2004)		Probation and ongoing program manager

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 3. 2 Research data entry system barriers with state			Strategy Rationale Removing barriers to correct data entry will enable social workers to most efficiently and effectively document monthly social worker contacts.		
Milestone	3.2.1 Continue to advocate for changes to CWS/CMS in regard to coincident data entry	Timeframe	Immediate (By Sept 30, 2004) & ongoing until corrected	Assigned to	CWS/CMS support staff contacting the state; as part of SIP systemic barriers
Strategy 3. 3 Improve Concurrent Planning Strategies and Understanding			Strategy Rationale Increase permanency outcomes for children & reduce number of cases in permanency planning that require visits where services are no longer needed.		
Milestone	3.3.1 Develop and administer a survey of a sample of Permanency Planning caregivers on issues preventing them from pursuing adoption or guardianship. Develop strategies to alleviate barriers.	Timeframe	6 months (By March 31, 2005)	Assigned to	Program Managers, analysts
	3.3.2 Establish a baseline and then increase number of guardianships and adoptions on permanency planning cases		Baseline established: 3 months (By December 31, 2004)		Program Managers, supervisors, social workers
	3.3.3 Redesign PP case plan to more specifically focus on the goal of increased permanency and dismissal of dependency (as in case of guardianship)		9 months (By July 31, 2005; 6 month cycles of updates to case plans)		Social workers and supervisors representing the teen unit, permanency planning workers, adoptions
	3.3.4 Hold training on designing Concurrent Planning case plans		6 months (By March 31, 2005)		Staff development

	3.3.5 Develop plan for expanding relative search abilities and systems for Permanency Planning cases, including expanding use of available databases and resources.		6 months (By March 31, 2005)		Program Managers, analysts and community partners such as CASA
Discuss changes in identified systemic factors needed to further support the improvement goals. <ul style="list-style-type: none"> ○ Address coincident data entry issues in CWS/CMS 					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <ul style="list-style-type: none"> ○ Strategy 3.1 requires training on the policy/procedure for monthly social worker visits. ○ Strategy 3.1 may require refresher training for social work supervisors on using SafeMeasures to track data entry of monthly social worker contacts. ○ Strategy 3.3.3 requires training on designing concurrent planning case plans. 					
Identify roles of the other partners in achieving the improvement goals. <ul style="list-style-type: none"> ○ Strategy 3.1.3 requires working with probation. 					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.					